

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
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AUG 03 2006

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

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05/08/2006

LEYDIG VOIT & MAYER, LTD
 TWO PRUDENTIAL PLAZA, SUITE 4900
 180 NORTH STETSON AVENUE
 CHICAGO, IL 60601-6780

08/04/2006 WABDEL3 00000104 10717378

01 FC:2501

700.00 OP

02 FC:1504

700.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/717,378	11/19/2003	Aquilur Rahman	224491	6704

TITLE OF INVENTION: LIPOSOMAL FORMULATION OF IRINOTECAN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RUSSEL, JEFFREY E	1654	424-450000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

DLA Piper Rudnick

Gray Cary US LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NeoPharm, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Waukegan, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2719 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Paul Carango

Date August 1, 2006

Typed or printed name

Registration No. 42,386

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Unit : 1654
Examiner : Jeffrey E. Russell
Serial No. : 10/717,378
Filed : January 7, 2004
Inventors : Aquilur Rahman
 : Imran Ahmad
Title : LIPOSOMAL FORMULATION
 : OF IRINOTECAN

Customer No.: 35811

Not. Of Allow.: 05/08/06
Docket No.: NEO-06-1162WO-US
Dated: August 1, 2006

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

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\$1000.00 Check
Transmittal Letter in duplicate
Form PTOL-85 in duplicate

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP
Customer No. 35811

By: _____

Carl Coney

Date: _____

August 1, 2006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1654 Customer No.: 35811
Examiner : Jeffrey E. Russell
Serial No. : 10/717,378
Filed : January 7, 2004
Inventors : Aquilur Rahman
: Imran Ahmad
Title : LIPOSOMAL FORMULATION Not. Of Allow.: 05/08/06
: OF IRINOTECAN Docket No.: NEO-06-1162WO-US
Dated: August 1, 2006

TRANSMITTAL LETTER

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We submit herewith Form PTOL-85B as well as our check in the amount of \$1000.00 to cover the required issue fee and publication fee.

The Commissioner is authorized to charge any amount believed to be an insufficiency to Deposit Account No. 50-2719. This authorization is made in duplicate.

Respectfully submitted,

Paul Carango
Reg. No. 42,386

PC/cc
(215) 656-3320